## FORM D

### **UNITED STATES** SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549



FORM D

**OMB APPROVAL** 3235-0076 **OMB Number:** Expires: May 31, 2005 Estimated average burden hours per response ... 16.00

SEC USE ONLY					
Prefix	Serial				
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NOTICE OF SALE OF SECURITIES PURSUANT TO REGULATION D, SECTION 4(6), AND/OR

المسيبية المسابقة المسابقات ا	UNIFORM LIMITED OFFERING EXEMPTION	
Name of Offering (  check if this Private placement of convertible de	is an amendment and name has changed, and indicate change.)	1258950
Filing Under (Check box(es) that app	ply): ☐ Rule 504 ☐ Rule 505 ■ Rule 506 ☐ Section	4(6) □ ULOE
Type of Filing ■ New Filing □	Amendment	
	A. BASIC IDENTIFICATION DATA	
1. Enter the information requested a	I The West Mail, Suite 415, Toronto, Ontario M9C 5J5  (Number and Street, City, State, Zip Code)  (Number (Including Area Code)  (647) 439-5341	
Name of Issuer (  check if this is Cellbucks Payments Network Inc.	an amendment and name has changed, and indicate change.)	03028888
Address of Executive Offices 401 The West Mall, Suite 415, Tor	, , , , , , , , , , , , , , , , , , , ,	Telephone Number (Including Area Code) (647) 439-5341
Address of Principal Business Opera	(Number and Street, City, State, Zip Code)	Telephone Number (Including Area Code)
Brief Description of Business  Mobile Payments Operator  Type of Business Organization		
corporation	☐ limited partnership, already formed ☐ ot	ther (please specify): Limited Liability Company
☐ business trust	☐ limited partnership, to be formed	
Actual or Estimated Date of Incompo Jurisdiction of Incorporation or Orga	(Enter two letter II S Bootel Service abbreviation	C IN AUG OO ZUU
GENERAL INSTRUCTIONS		THOMSON FINANCIAL
Federal:		
Who Must File: All issuers making seq. or 15 U.S.C. 77d(6).	g an offering of securities in reliance on an exemption under R	Regulation D or Section 4(6), 17 CFR 230.501 et
When To File: A notice must be fil Securities and Exchange Commiss address after the date on which it i	led no later than 15 days after the first sale of securities in the ion (SEC) on the earlier of the date it is received by the SEC s due, on the date it was mailed by United States registered of	offering. A notice is deemed filed with the U.S. at the address given below or, if received at that or certified mail to that address.
Where to File: U.S. Securities and	d Exchange Commission, 450 Fifth Street, N.W., Washington	n, D.C. 20549.

Copies Required: Five (5) copies of this notice must be filed with the SEC, one of which must be manually signed. Any copies not manually signed must be photocopies of the manually signed copy or bear typed or printed signatures.

Information Required: A new filing must contain all information requested. Amendments need only report the name of theissuer and offering, any changes thereto, the information requested in Part C, and any material changes from the information previously supplied in Parts A and B. Part E and the appendix need not be filed with the SEC.

Filing Fee: There is no federal filing fee.

This notice shall be used to indicate reliance on the Uniform Limited Offering Exemption (ULOE) for sales of securities in those states that have adopted ULOE and that have adopted this form. Issuers relying on ULOE must file a separate notice with the Securities Administrator in each state where sales are to be, or have been made. If a state requires the payment of a fee as a precondition to the claim for the exemption, a fee in the proper amount shall accompany this form. This notice shall be filed in the appropriate states in accordance with state law. The Appendix to the notice constitutes a part of this notice and must be completed.

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Failure to file notice in the appropriate states will not result in a loss of the federal exemption. Conversely, failure to file the appropriate federal notice will not result in a loss of an available state exemption unless such exemption is predicated on the filing of a federal notice.

#### A. BASIC IDENTIFICATION DATA 2. Enter the information requested for the following: Each promoter of the issuer, if the issuer has been organized within the past five years; Each beneficial owner having the power to vote or dispose, or direct the vote or disposition of, 10% or more of a class of equity securities of Each executive officer and director of corporate issuers and of corporate general and managing partners of pattnership issuers; and Each general and managing partner of partnership issuers. ☐ Director Check Box(es) that Apply: ☐ Promoter ☐ Beneficial Owner Executive Officer ☐ General and/or Managing Partner Full Name (Last name first, if individual) Bird, Patrick Business or Residence Address (Number and Street, City, State, Zip Code) 112 Neils on Drive, Toron to, Ontario M9C 1W2 ☐ Director Check Box(es) that Apply: ☐ Promoter ☐ Beneficial Owner Executive Officer ☐ General and/or Managing Partner Full Name (Last name first, if individual) Bird, Carol Business or Residence Address (Number and Street, City, State, Zip Code) 112 Neils on Drive, Toron to, Ontario M9C 1W2 ☐ Director ☐ Beneficial Owner ☐ General and/or Executive Officer Managing Partner Full Name (Last name first, if individual) MacDonald, Terrence Business or Residence Address (Number and Street, City, State, Zip Code) 48 Coldstream Avenue, Toronto, Ontario M5N 1X8 Director Check Box(es) that Apply: ☐ Promoter ☐ Beneficial Owner ☐ Executive Officer ☐ General and/or Managing Partner Full Name (Last name first, if individual) Beutel, David Business or Residence Address (Number and Street, City, State, Zip Code) Suite 1902, 20 Eglinton Ave. West, Toronto, Ontario M4R 1K8 ☐ Executive Officer Director ☐ Beneficial Owner ☐ General and/or Managing Partner Full Name (Last name first, if individual) Ferchat, Robert Business or Residence Address (Number and Street, City, State, Zip Code) 4089 Summit Court, Mississauga, Ontario L5L 3C2 ☐ Beneficial Owner ☐ Executive Officer Director ☐ General and/or Managing Partner Full Name (Last name first, if individual) Price, Timothy Business or Residence Address (Number and Street, City, State, Zip Code) 1 Cluny Avenue, Toronto, Ontario M4W 1S4 Check Box(es) that Apply: Director ☐ Promoter ☐ Beneficial Owner ☐ Executive Officer ☐ General and/or Managing Partner Full Name (Last name first, if individual) Business or Residence Address (Number and Street, City, State, Zip Code)

					B. INF	ORMA	TION A	BOUT (	OFFERI	NG				
													Yes	No
1.	Has t	the issuer s	sold, or doe							ing?				
•	1171						lumn 2, if f	-						
2.	wna	it is the mi	nimum inve	estment tha	t will be ac	cepted fror	n any indiv	iduai?					\$ <u>100,00</u>	<u>vo</u> No
3.	Does	s the offeri	ng permit j	oint owners	ship of a si	ngle unit?								140
4.	or sir is an broke	milar remu associated er or deale	neration for I person or r. If more	r solicitatio: agent of a l	n of purcha broker or d ) persons to	sers in conr ealer regist	nection with ered with th	n sales of se he SEC and	curities in f Vor with a s	he offering. state or stat	ectly, any c If a person es, list the r aler, you m	to be listed name of the		
Full Na N/A	ame (	(Last name	first, if ind	lividual)										
Busine	ss or	Residence	Address (1	Number and	d Street, Ci	ty, State, Z	ip Code)							
Name	of As	sociated B	roker or D	ealer										
States	in Wl	hich Perso	n Listed Ha	s Solicited	or Intends	to Solicit	Purchasers							
(Ch	eck "	'All States'	or check i	ndividual S	States)									States
[A] [T] [M]	T]	[AK] [IN] [NE] [SC]	[AZ] [NV] [SD]	(AR) (KS) (NH) (TN)	[CA] [KY] [NJ] [TX]	[CO] [LA] [NM] [UT]	[CT] [ME] [NY] [VT]	[DE] [MD] [NC] [VA]	[DC] [MA] [ND] [WA]	[FL] [MI] [OH] [WV]	[GA] [OK] [WI]	[HI] [MS] [OR] [WY]	[ID] [MO] [PA] [PR]	
Full N	ame (		first, if ind											
Busine	ess or	Residence	Address (1	Number and	d Street, Ci	ty, State, Z	ip Code)	<u>-</u>						
Name	of As	sociated B	roker or D	ealer	<del></del>									
States	in Wl	hich Perso	n Listed Ha	as Solicited	or Intends	to Solicit	Purchasers							
(Ch	ieck "	'All States'	or check i	ndividual S	States)		, . ,							States
[A] [M] [R]	T ]	[AK] [NE] [SC]	[AZ] [TA] [NV] [SD]	[AR] [NH] [TN]	[CA] [KY] [NJ] [TX]	[CO] [LA] [NM] [UT]	[CT] [ME] [NY] [VT]	[DE] [NC] [VA]	[DC] [MA] [ND] [WA]	[FL] [MI] [OH] [WV]	[GA] [MN] [OK]	[HI] [MS] [OR] [WY]	[ID] [MO] [PA] [PR]	
Full N	ame (	(Last name	first, if ind	lividual)										
Busine	ess or	Residence	Address (1	Number and	d Street, Ci	ty, State, Z	ip Code)							
Name	of As	sociated B	roker or De	ealer			-							
States	in Wl	hich Perso	n Listed Ha	s Solicited	or Intends	to Solicit	Purchasers							
(Ch	eck "	'All States'	or check i	ndividual S	States)								□ All	States
[A] [M] [R]	r]	[AK] [NE] [SC]	[AZ] [TA] [NV] [SD]	[AR] [KS] [NH] [TN]	[ÇA] [NJ] [TX]	[CO] [NM] [UT]	[CT] [ME] [NY] [VT]	[MB] [NC] [VA]	[DC] [MA] [ND] [WA]	[FL] [OH] [WV]	[GA] [OK] [WI]	[HI] [MS] [OR] [WY]	[ID] [MO] [PA] [PR]	

(Use blank sheet, or copy and use additional copies of this sheet, as necessary.)

	C. OFFERING PRICE, NUMBER OF INVESTORS, EXPENSES AND USE	OF PF	ROCEEDS		
۱.	Enter the aggregate offering price of securities included in this offering and the total amount already sold. Enter "0" if answer is "none" or "zero." If the transaction is an exchange offering, check this box $\square$ and indicate in the columns below the amounts of the securities offered for exchange and already exchange	<b>i</b> .			
	Type of Security		Aggregate fering Price	Am	ount Already Sold
	Debt	\$	0	_ \$	0
	Equity				0
	☐ Common ☐ Preferred				
	Convertible Securities (including warrants)	\$ <u>10</u>	0,000	<u> \$_10</u>	0,000
	Partnership Interests	\$	0	_ \$	0
	Other (Specify))	<b>\$</b>	0	_ \$	0
	Total	\$	0	_ \$	0
	Answer also in Appendix, Column 3, if filing under ULOE.				
2.	Enter the number of accredited and non-accredited investors who have purchased securities in this offering and the aggregate dollar amounts of their purchases. For offerings under Rule 504, indicate the number of persons who have purchased securities and the aggregate dollar amount of their purchases on the total lines. Enter "0" if answer is "none" or "zero."				
			Number Investors	Do	Aggregate llar Amount f Purchases
	Accredited Investors		1	<u>\$_10</u>	0,000
	Non-accredited Investors			_ \$	
	Total (for filings under Rule 504 only)			_ \$	
	Answer also in Appendix, Column 4, if filing under ULOE.				
3.	If this filing is for an offering under Rule 504 or 505, enter the information requested for all securities sold by the issuer, to date, in offerings of the types indicated, in the twelve (12) months prior to the first sale of securities in this offering. Classify securities by type listed in Part $C$ - Question 1.				
	Type of offering		Type of Security	Do	llar Amount Sold
	Rule 505			_ \$	
	Regulation A			_ \$	
	Rule 504			_ \$	
	Total			_ \$	
4.	a. Furnish a statement of all expenses in connection with the issuance and distribution of the securities in this offering. Exclude amounts relating solely to organization expenses of the issuer. The information may be given as subject to future contingencies. If the amount of an expenditure is not known, furnish an estimate and check the box to the left of the estimate.				
	Transfer Agent's Fees			\$ <u>0</u>	
	Printing and Engraving Costs		🗆	\$ <u>0</u>	
	Legal Fees			\$ <u>1,00</u>	0
	Accounting Fees				
	Engineering Fees		🗖	\$ <u>0</u>	
	Sales Commissions (specify finders' fees separately)		🗖	\$_0	
	Other Expenses (identify) - Courier				

	C. OFFERING PRICE, NUMBER	OF INVESTORS, EXPENSE	S AN	D USE OF PROC	EEDS	_
	b. Enter the difference between the aggregate offering price g expenses furnished in response to Part C - Question 4.a. This c issuer."	difference is the "adjusted gross p	rocee	ls to the		\$ 98,900
5.	Indicate below the amount of the adjusted gross proceeds to of the purposes shown. If the amount for any purpose is not to the left of the estimate. The total of the payments listed musset forth in response to Part C - Question 4.b above.	known, furnish an estimate and o	check	the box		
				Payments to Officers, Directors & Affiliates		Payments to Others
	Salaries and fees			\$	_ □	\$ 40,000
	Purchase of real estate			\$	_ □	\$
	Purchase, rental or leasing and installation of machine	ery and equipment		\$	_ □	\$
	Construction or leasing of plant buildings and facilitie	s		\$	_ □	\$
	Acquisition of other businesses (including the value o offering that may be used in exchange for the assets of pursuant to a merger)	r securities of another issuer		\$	🗆	\$
	Repayment of indebtedness			\$		\$
	Working capital			\$		\$ 58,900
	Other (specify):			\$	_	\$
				\$ <u></u>	_ 🗆	\$
	Column Totals			\$		\$_98,900
	Total Payments Listed (column totals added)				\$ <u>98,900</u>	<u>.                                    </u>
	D	EEDEDAL CICNATURE				
	·	FEDERAL SIGNATURE	41. 5		1.505	1
cc	he issuer has duly caused this notice to be signed by the unders onstitutes an undertaking by the issuer to furnish to the U.S. Secu y the issuer to any non-accredited investor pursuant to parag	rities and Exchange Commission.				
	suer (Print or Type) ellbucks Payments Network Inc.	Signature	1		Date	mgust 1,200
		Title of Signer (Print or Type) President	· Se			

ATTENTION \_\_\_\_\_\_\_ ATTENTION \_\_\_\_\_\_ Intentional misstatements or omissions of fact constitute federal criminal violations. (See 18 U.S.C. 1001.)

#### E. STATE SIGNATURE

Yes No

- 1. Is any party described in 17 CFR 230.262 presently subject to any of the disqualification provisions of such rule? . See Appendix, Column 5, for state response.
- 2. The undersigned issuer hereby undertakes to furnish to any state administrator of any state in which this notice is filed, a notice on Form D (17 CFR 239.500) at such times as required by state law.
- 3. The undersigned issuer hereby undertakes to furnish to the state administrators, upon written request, information furnished by the issuer to offerees.
- 4. The undersigned issuer represents that the issuer is familiar with the conditions that must be satisfied to be entitled to the Uniform limited Offering Exemption (ULOE) of the state in which this notice is filed and understands that the issuer claiming the availability of this exemption has the burden of establishing that these conditions have been satisfied.

The issuer has read this notification and knows the contents to be true and has duly caused this notice to be signed on its behalf by the undersigned duly authorized person.

Issuer (Print or Type) Cellbucks Payments Network Inc.	Signature	Date Succest 1, 2002
Name (Print or Type) Patrick Bird	Title of Signer (Print or Type) President	

#### Instruction:

Print the name and title of the signing representative under his signature for the state portion of this form. One copy of every notice on Form D must be manually signed. Any copies not manually signed must be photo copies of the manually signed copy or bear typed or printed signatures.

## APPENDIX

I	2	2	3	4					5	
	Intend to non-ac investors (Part B	ccredited	Type of security and aggregate offering price offered in state (Part C-Item 1)	Type of investor and amount purchased in State (Part C-Item 2)					Disqualification under State ULOE (if yes, attach explanation of waiver granted) (Part E-Item 1)	
State	Yes	No	Common Equity	Number of Accredited Investors	Amount	Number of Non- Accredited Investors	Amount	Yes	No	
AL		X							X	
AK		X							X	
AZ		X							X	
AR		X							X	
CA		X							X	
СО		X							X	
СТ		X							X	
DE		X							х	
DC		X							Х	
FL		X							х	
GA		X							X	
HI		X							х	
ID		X							X	
IL		X							Х	
IN		X							X	
IA		х							х	
KS		X							X	
KY		X							X	
LA		х							Х	
ME		х							X	
MD		X							X	
MA		X							х	
MI		Х							X	
MN		Х				<u></u>			Х	
MS		Х							X	
МО		X							Х	

# APPE NDIX

1	2	····	3			, ]			
1	Intend to non-ac	to sell ccredited	Type of security and aggregate offering price offered in state (Part C-Item 1)	Type of investor and amount purchased in State (Part C-Item 2)				Disqualification under State ULOE (if yes, attach explanation of waiver granted) (Part E-Item 1)	
State	Yes	No	Common Equity	Number of Accredited Investors	Amount	Number of Non- Accredited Investors	Amount	Yes	No
MT		X							x
NE		X							X
NV		X							X
NH		X							X
NJ		X							Х
NM		Х	Convertible Debt (\$100,000 in principal amount)	1	\$100,000	0	0		X
NY		X							X
NC		Х							X
ND	·	Х							х
ОН		Х							X
ОК		X							X
OR		х							X
PA		X							X
RI		X							X
SC		X							X
SD		X							X
TN		X							X
TX		X							X
UT		X							X
VT		X							Х
VA		X							X
WA		Х							X
WV		X							X
WI		х							X
WY		х							X
PR		x			*****				X